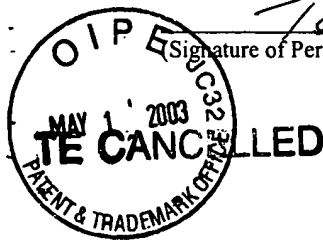


CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, May 7, 2003

Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)



Tanya Parker
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P4324-RSH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Stephen R. Hanna)
Serial No. 09/539,269)
Filing Date: March 30, 2000)
For: REPLACING AN EMAIL ATTACHMENT WITH)
AN ADDRESS SPECIFYING WHERE THE)
ATTACHMENT IS STORED)

Examiner: England, David E.

Group Art Unit: 2143

RECEIVED

MAY 14 2003

Technology Center 2100

AMENDMENT TRANSMITTAL LETTER

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed February 19, 2003.
- ☐ A petition for extension of time is also enclosed with a fee of \$00.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$84 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4324)

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FAX: (530) 759-1665

Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: May 7, 2003